

(3) Treatment of suppurative middle-ear diseases.

PREVENTION.—Under the term prevention we mean that we must not do any of those things which tend to provoke an irritative reaction in the ear. Cotton tampons should never be worn in the external auditory canal, except there be a discharge from it, and yet this habit is an extremely common one.

The practice is in no way protective or beneficial, and may be productive of much harm; exception may be made to this rule in some cases; in sea bathing, or while working in extremely dusty or dirty surroundings, or in the presence of great noises.

Under these conditions specially made soft rubber plugs (sound deadeners) are to be preferred.

Hair-pins, ear-spoons and other hard instruments should never be used to scratch the ear or to remove cerumen.

During the treatment of an exanthematous disease, the ear should be kept constantly under observation, by the attending physician, without reference to the severity of the lesions in the nose and throat, which should be carefully treated in order to prevent the infection reaching the ear.

Rupture of the tympanic membrane or concussion of the labyrinth is not infrequently the result of blows upon the ear.

The vicious practice of boxing a child's ears is frequently indulged in by parents and guardians, and in countries other than this by school teachers also.

In persons where there is a tendency to hereditary deafness, scrupulous care must be exercised in order to avoid contracting catarrhal diseases of the nose and throat, if they would preserve their hearing.

DEAFNESS IN SUPPURATIVE DISEASES OF THE MIDDLE EAR.—The management and treatment of middle-ear suppuration is one of the most difficult conditions with which the aurist has to contend.

The middle ear is an ideal incubator; there are present all the conditions of heat and moisture necessary for perfect bacterial development, the accessory cavities are difficult or impossible of access, and a suppurative process once established, has a tendency to continue indefinitely.

This suppurative process will develop into a tympanic abscess, and the tendency always is to break through the drum membrane into the external auditory canal which forms a natural channel for the escape of pus from the middle ear.

Voluntary rupture of the drum membrane should never be allowed to take place; when this contingency happens, the opening is either too small to permit free drainage, or a very large portion of the membrane comes away as a slough, leaving an opening so large that serious complications are likely to follow.